PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

ELEVENTH ANNUAL REPORT

1990 - 1991

Honourable Wayne D. Cheverie, Q.C., Minister

92-04999/

ELEVENTH ANNUAL REPORT

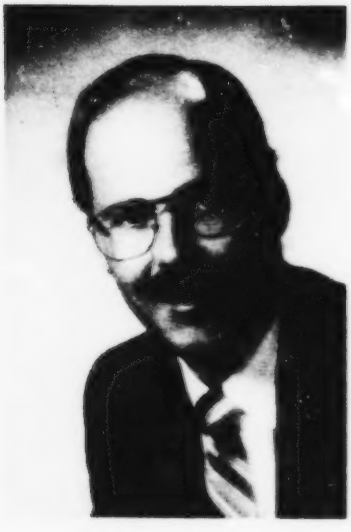
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island

01 April 1990 to 31 March 1991

TABLE OF CONTENTS

Minister's Letter to the Lieutenant Governor 3
Organizational Chart 5
Departmental Legislation 7
Letter Submitting Report by Deputy Minister 9
Report of Director of Aging and Extended Care 11
Report of Director of Child and Family Services 15
Report of Director of Corporate Services 23
Report of Director of Dental Public Health 27
Report of Director of Emergency Welfare Services 31
Report of Director of Environmental Health 32
Report of Director of Home Care and Support 36
Report of Director of Mental Health 40
Report of Director of Nursing 43
Report of Director of Oncology 49
Report of Director of Pharmacy 51
Report of Director of Vital Statistics 55
Report of Chairperson of Welfare Assistance Appeals Board 57
Appendix 58



Charlottetown
Prince Edward Island
December 5, 1991

The Honourable Marion Reid
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

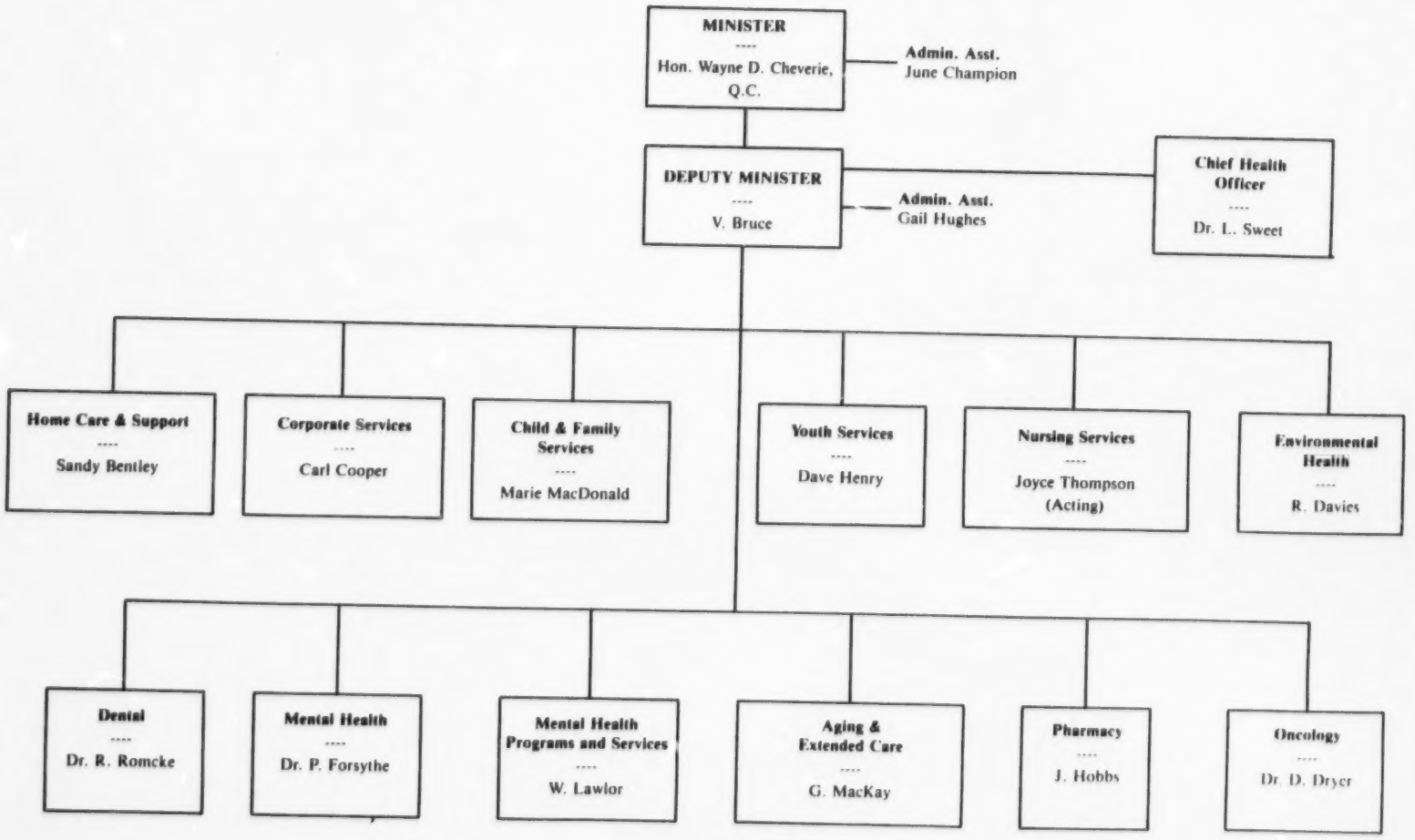
I beg to submit, herewith, for your consideration the eleventh annual report of the Department of Health and Social Services for the Fiscal year ended March 31, 1991.

I have the honour to be,
Madam
Your obedient Servant,

Wayne D. Cheverie, Q.C.
Minister of Health and Social Services

P.E.I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES

GENERAL ORGANIZATION



LEGISLATION FOR WHICH THE MINISTER OF HEALTH AND SOCIAL SERVICES IS RESPONSIBLE

1. Addiction Services Act
2. Adoption Act
3. Adult Protection Act
4. Change of Name Act
5. Child Care Facilities Act
6. Chiropractic Act
7. Community Care Facilities and Nursing Homes Act
8. Cornea Transplant Act
9. Dental Profession Act
10. Dispensing Opticians Act
11. Drug Cost Assistance Act
12. Family and Child Services Act
13. Health Services Payment Act (HHSC)
14. Hospital and Diagnostic Services Insurance Act (HHSC)
15. Hospital and Health Services Commission Act (HHSC)
16. Hospitals Act (HHSC)
17. Human Tissue Gift Act
18. Licensed Nursing Assistants Act
19. Marriage Act
20. Medical Act (HHSC)
21. Mental Health Act
22. Nurses Act
23. Optometry Act
24. Pharmacy Act
25. Physiotherapy Act
26. Premarital Health Examination Act
27. Psychologists Act
28. Public Health Act
29. Registered Occupational Therapists Act
30. Rehabilitation of Disabled Persons Act
31. Social Work Act
32. Tobacco Sales to Minors Act (when proclaimed)
33. Vital Statistics Act
34. Welfare Assistance Act
35. White Cane Act

Note: There are several other statutes which relate to the Health and Social Services Ministry that do not appear in the Provinces' official consolidation. These include:

- Dietetic Association Act
- Dental Technician Act
- Funeral Directors and Embalmers Act

(HHSC) indicates that an act is administered through the Hospital and Health Services Commission.

Charlottetown
Prince Edward Island
December 5, 1991

Honourable Wayne Cheverie, Q.C.
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown
Prince Edward Island

Honourable Minister:

I have the honour to submit to you the eleventh annual report of the Department of Health and Social Services for the period April 1, 1990 to March 31, 1991.

Respectfully submitted,

Verna Bruce

Verna Bruce
Deputy Minister

DIVISION OF AGING AND EXTENDED CARE

Gordon R. MacKay, Director

The primary responsibility of the Division of Aging and Extended Care is the provision of short-term/long-term institutional care and nursing home care to the elderly residents of Prince Edward Island. The Division also provides for short-term and long-term care for those residents of P.E.I. who require medical nursing, palliative, and convalescent care. Additional responsibilities include the licensing/monitoring of private nursing homes and community care facilities, and the subsidization of residents in private nursing homes.

CENTRAL OFFICE

Central Office staff consists of the Director, a Dietetic Consultant, a Nurse Consultant, the Coordinator and Program Worker responsible for the management of the Community Care Facilities and Nursing Homes Program, two Placement Officers, a part-time Occupational Therapy Consultant, and two full-time and one part-time support staff. The Central Office staff provides consultation and support to the government-operated and private-sector nursing care facilities.

There were a total of 395 new applications for nursing home care this fiscal year. This is a decrease of 7 compared to last year. The total number of applications on file at the end of the fiscal year was 756, of which 50 were priority applications, and 706 were secondary applications.

There were 243 admissions recorded during the year to the government-operated nursing homes and manors of which 43% came from hospital, 21% from the community, 12% from other facilities, and 24% admitted to respite beds. The average age of admission was 82.7 years with the average length of stay 3.6 years.

COLVILLE MANOR

Colville Manor enjoys an increasingly active involvement with the community. The adult day program, the result of interdepartmental cooperation, involves 10 community seniors and continues to be effective. The manor participated in a program of employment for the disabled and on-site training experience for participants of numerous training programs.

Colville's environmental awareness group was active in reducing waste production and enhancing efficiency in the use of resources. The manor eliminated the use of styrofoam cups and reduced the use of disposable medical supplies.

A comprehensive in-service education program involved 291 participants - 240 staff with the remainder being families of residents, and health care providers from other facilities. Manor staff also participated in external education programs.

During FY 1990-91, the final phase of the Levels of Care funding initiative was approved thus permitting Colville Manor to increase its nursing staff with one full-time and two part-time employees.

Colville instituted a facility-wide review of quality assurance/risk management activities. Audits were revised/modified and adapted as a result. Resident Care Plans are conducted on a daily basis in a multidisciplinary atmosphere. All services are represented and the resident and/or a family representative is encouraged to join the group. Goals and objectives are determined in this manner. This method has been exceptionally well received by residents, family, and staff, and has had a positive influence on the quality of care.

RIVERVIEW MANOR

The Canadian Council on Accreditation survey on Riverview Manor in May, 1990, resulted in a 3 year accreditation status, the highest award possible. This was the sixth time, for a total of 16 years, the home has been accredited. The surveyor, reporting to the Council, emphasized the dedication of manor staff as well as the strong sense of team work within the Division of Aging. The Administrator maintains the staff's objective has always been for the general good of the manor and its residents. The manor supplied 2,241 meals for the Montague Meals-on-Wheels program during this year.

MAPLEWOOD MANOR

Maplewood Manor continues to be actively involved in the community. They hosted a successful 10-week community school involving residents and local seniors. The staff at the manor organized a variety concert whose proceeds provided furniture for the activity area.

Maplewood's physical plant received some upgrading during the year. The fourth year of the window replacement program concentrated on the bottom floor. The front section of the building received a new roof, and interior painting greatly enhanced the appearance of many areas within the manor.

Staff training continues to be of paramount importance with some staff taking courses and sharing their knowledge with others. The Employment Enhancement Program provided a service worker position to a disabled person.

The resident care plan format has been updated this year and is utilized by a multidisciplinary committee for each resident. Foot care clinics continue to be offered to residents. Training in proper back technique for lifting was highly successful.

BEACH GROVE HOME

It has been five years since residents and staff moved into the new Beach Grove Home. Staff education continues to be of considerable importance with courses, workshops, and conferences conducted and attended at all levels of staff.

The Beach Grove Home Breezer, an open air, canopied, summer recreation vehicle designed to accommodate 10 wheelchairs as well as ambulatory passengers, was purchased by the auxiliary and continues to be an unqualified hit with the residents. The "Breezer" was entered in the Gold Cup and Saucer Parade by the volunteer auxiliary and won first place as "Best Theme Float."

Community outreach is an ongoing activity for Beach Grove Home. Work experience, summer employment, and other opportunities funded by various departments and programs were provided at the home.

Mount St. Vincent's University has requested the Beach Grove Home Boardroom to be used by Island students of Gerontology as a classroom tele-conference center, linked by video to professors at Mount St. Vincent's. Members of Beach Grove Home's staff have contributed their time and talents to various agencies, professional and community groups throughout the year.

Volunteers play an integral role at Beach Grove Home. They improve the quality of life of the residents by sharing friendship and caring. The auxiliary continues to excel in its fundraising abilities and continued commitment to Beach Grove.

WEDGEWOOD MANOR

During FY 1990-91, the final phase of the Levels of Care funding initiative permitted Wedgewood manor to hire 3 full-time and 4 part-time additional nursing staff to assist in the provision of the increasing level of care required.

Wedgewood has developed a manor-wide risk management program to coordinate efforts to reduce the risk of financial loss through damage to property and through injury to persons working within.

Our major goal during the 1991-92 fiscal year is to examine areas where cooperation can be enhanced between ourselves and other services. This, as in the past, provides the best possibility for mutual benefit.

SUMMERSET MANOR

Summerset Manor met the challenge of rendering quality care to the elderly in 1990-91, supported by a cooperative attitude exhibited by facility staff.

The manor began to provide a French Language Training service to residents, families, and staff in September, 1990. This service is highly utilized and reports from families indicate it is most appreciated. Summerset enjoys a healthy liaison with the surrounding communities, receiving many support and volunteer services from local groups.

The staff at the manor have been actively participating in our proposed renovation and construction program for dietary services which will serve the present and future dietary needs of residents and families.

PRINCE EDWARD HOME

The emphasis this year was placed on meeting revised standards set by the Canadian Council on Health Facilities Accreditation. Department heads were required to review and, if necessary, revise procedures to ensure and comply with assurance and risk management standards.

The final phase of the Levels of Care funding initiative permitted Prince Edward Home to hire 2 additional part-time and 1 full-time nursing staff.

Workshops were held for staff working with the cognitively impaired.

February was declared "Safety Month" with ongoing inservice programs on all aspects of safety. A new program of medication dosage was implemented and is working out well. A "Quiet Room" was designated where residents and families could visit in private.

Brecken House implemented evening social programs in January, 1991, and these seem to be well received. As well, foot care clinics for both day program and community participants are well attended. There is an increasing number of respite care residents who are becoming involved with the Brecken House day program.

DR. ERIC M. FOUND HEALTH CENTRE

The Dr. Eric Found Health Centre is a 63-bed Special Care Unit for patients requiring continuous medical management and skilled nursing. Care services include physio and occupational therapy, palliative and convalescent care, long-term medical nursing care, and nursing home care for patients under 60 years of age.

Two doctors were recruited during the past year to provide on-call medical services. A new Medical Director was hired in June, 1990.

Cooperation between divisions provides for follow-up care and continuing home care treatment/monitoring for the 103 patients who returned to their communities from the convalescent unit.

Consultations between departments and Central Office are ongoing regarding the proposed amalgamation of the Dr. Eric Found Health Centre and the Prince Edward Home.

DIVISION OF CHILD AND FAMILY SERVICES

Marie MacDonald, Director

Child and Family Services Division is responsible for the delivery of a broad range of services to individuals and families across the province.

During the 1990/91 fiscal year, the Division committed staff time to participate in the Child Sexual Abuse Needs Assessment Study conducted by the Canadian Mental Health Association - P.E.I. Division. Staff participated in the Advisory Committee to the project, provided information on the role the Child and Family Services Division fulfills in child sexual abuse cases and pre-tested a number of information gathering tools. Child welfare supervisors and workers completed questionnaires and assisted with data collection.

In July, 1990, the Government announced that it was taking steps to examine its role and structure as the province enters the new decade. The document "Responding to Change, Challenge, and Opportunity in the 1990's", outlined the focus and terms of reference of the Reform Initiative.

The Division provided staff resources to the Management of Government Initiatives.

The Director of the Division served as a member of the Steering Committee of the Management of Government. Our Budget Research Assistant provided staffing resources to the Financial Management Committee and the Assistant Director was a member of the Policy and Planning Committee.

In September 1990, a Departmental committee was struck by Departmental Management to plan the involvement of provincial regional directors and supervisors in the various divisions to develop a Departmental statement of Mission and Goals. The Assistant Director served as a member of the committee. In addition, the Division's Staff Training Officer assisted with the training of 16 group facilitators, five of which were from Child and Family Services Division. County meetings were held in January and February 1990.

With the initiation of a process to develop a Departmental Mission and Goals statement, the Divisional Management Team began the process to review and revise the Divisional Mission and Goals. A two day planning session was held at which time the revised Mission and Goals were discussed, the role of public servants, the role of the public welfare department, and the Division's service delivery model were reviewed. Once the Departmental Mission and Goals are finalized in the new fiscal year, a process will be set in place by Divisional Management, whereby, both the Departmental and Divisional Mission and Goals will be reviewed and discussed by all Divisional staff.

In January 1990, the Classification Review was initiated throughout the Government Service. All Divisional staff completed a review of their positions which was a time consuming, but beneficial exercise.

This fiscal year saw the beginning of the introduction of computers into the regional offices. This was a most welcomed event.

SERVICES TO FAMILIES AND CHILDREN

As in previous years, Divisional staff continued to work to support families.

The following services were provided to families:

1) **Family Support Service:**

The Family Support service is a financial assistance service designed to assist families in meeting the special needs costs for their child who has a severe mental or physical disability.

During the year, the Department initiated a process with the Council of the Disabled and the P.E.I. Association of Community Living to evaluate the eligibility criteria and the service delivery process of this program. Much of the work has been completed, but this project will carry on to the next fiscal year.

This service was accessed by 130 families during the year.

2) **One-On-One Service:**

During that year, 66 children and their families (37 males and 29 females) were served across the province by the One-On-One Program. Keeping in line with the program's preventive focus, 51 of the 66 children lived at home and 2/3 of the children were under 12 years of age.

Temporary non-classified positions were established to staff the program. By the end of the fiscal year, a final draft of a one-on-one policy manual was completed and ready for presentation to the Deputy Minister.

3) **Speech Therapy Services:**

Twelve Speech-Language Pathologists were employed with a full staff complement in all regions. As earlier recommended, the vast majority of all new assessments were completed within two months from the date of referral. New assessments for young children with "special needs" and children with learning difficulties have increased.

During the year 406 new assessments were completed and 4,238 therapy sessions held.

Two Speech-Language Pathology Interns completed their practicum on the Island, one from Dalhousie and one from Ithaca College, New York. Additionally, a successful intensive fluency therapy program was held for four weeks.

All staff participated in a two day workshop on Learning Disabilities and Attention Deficit Disorders.

4) **Audiology Services:**

Audiology services continue to be provided to Island residents from the central test facility located at the Queen Elizabeth Hospital and the four regional clinic sites held in Provincial Manors in Alberton, Summerside, Montague, and Souris. Scheduling of the Audiology Regional Clinics is on an as-needed basis. The breakdown by region is as follows:

Region I	-	13 clinic days
Region II	-	4 clinic days
Region III	-	130.5 clinic days
Region IV	-	5 clinic days
Region V	-	2 clinic days

For a total of 145.5 clinic days during the year. A total of 1,008 client visits was recorded with 673 of these visits being new referrals.

The audiologist was involved in professional development and attended the profession's National Conference in Montreal and a local workshop on Normal Grief and Grief Behavior in Children.

5) **Nutrition Services:**

The Nutritionists in Child and Family Services Division continue to provide nutrition counselling services to high risk pregnant women, as well as infants and young children at nutritional high risk.

In 1990-91, the half-time position of Nutrition Coordinator was moved from Special Services to Child and Family Services Division, thereby providing a closer link between divisional management and the 4.9 dietitian/nutritionists in the field.

During the year, there were a total of 755 referrals to Nutrition Services. The breakdown of these cases is as follows:

Pregnancy	506
Infant Feeding & Children in Care	176
Obesity/General Nutrition/Other	34
Therapeutic Diets/P.K.U.	39
Total	755

These clients were contacted by the Nutritionists a total of 3,071 times, an average of 4 visits per clients. In addition to direct service to the clients, nutritionists made contact with other Health & Social Services professionals including:

108 consults with Public Health Nurses
370 consults with Child & Family Services professionals
66 consults with physicians

The education component of the Nutritionist's work included teaching 48 prenatal classes in conjunction with the Departmental Nursing Division. A total of 722 expectant parents attended. There were 21 other Nutrition Education Sessions delivered to 277 participants.

Again, in 1990-91, Nutrition Services participated in the dietetic internship program of the Queen Elizabeth Hospital with the nutritionist in the Montague Office (in Region 4) providing training for the 13 week Community Nutrition Intern.

The program data for prenatal cases continues to be collected for research and analysis at McGill University in Montreal.

6) **Homemaker Services:**

A staff of 20 homemakers continues to provide services to families in each region of the province. Homemakers are key members of child welfare teams and their work efforts are directed towards strengthening the family's capacity to meet the basic needs of their children and to provide a safe environment for them.

Through individual and group sessions, homemakers employ modelling techniques to assist parents develop and/or improve household management, child care, and parenting skills and increase individual self-esteem.

Homemakers work closely with their assigned families. They provide consistent support and acceptance which creates a safe environment which frees parents to learn and change.

During 1990-91, 346 homemaker services were provided to families on P.E.I.

7) **Welfare Assistance Services:**

The 1990-91 fiscal year saw continued developments in basic benefits, ongoing updates of program policies and service to an increasing caseload.

Benefit Levels:

Benefit enhancements included:

- an increase of 3% on April 1, 1990, and 4% on July 1, 1990, for food, clothing, household, and personal items.
- on October 1, 1990, an increase of 4% on shelter allowances
- an increase of the transportation rate to 14.5 cents/km from 14 cents/km effective July 1, 1990
- an increase of 10% in the burial expense allowance was increased by 10% in September, 1990.

Policy Development:

With the assistance of the Welfare Assistance Working Group, a variety of policies were reviewed and updated throughout the year. A new Transition to Employment policy was developed to remove administrative disincentives to returning to work. Also, a Special Resources for Supported Living Policy was developed to assist handicapped individuals to obtain more independent living arrangements.

Public Information/Training:

Information sessions on the Welfare Assistance Program were presented to the staff of the Council of the Disabled and the Welfare Rights Research Project. In addition, a training day was held for the Welfare Assistance Appeals Board members.

A brochure on the use of the Emergency Drug Card was developed and distributed to clients and regional offices.

Administration:

As a follow up to the report Dignity, Security, and Opportunity, the Department developed a new food costing model to be used as a base for ensuring adequacy of food allowances. The costing model was expanded to include infant formula and special dietary needs to inform policy development in those areas.

Caseload Trends:

With a decline in economic activity the caseload increased throughout the 1990/91 year. A comparison of the Welfare Assistance caseload with the previous year shows:

	89/90	90/91	%
Average Monthly Caseload	4,216	4,718	11.9%
Average Monthly Cost/Case	542	597	10.1%
Total Actual Expenditure	$27,407,300	$33,818,000	23.4%

8) **V.R.D.P. Services:**

V.R.D.P. Services are coordinated by the Corporate Services Division and will be included in that Division's Annual Report.

9) **Employment Enhancement & Job Creation Programs**

These services are coordinated by the Corporate Services Division and will be included in that Division's Annual Report.

SERVICES TO CHILDREN

1) **Children in Care:**

Services under the Family and Child Services Act continued with emphasis placed on family support and rehabilitation. Throughout the year, 1105 services were offered to families whose children were in need of protection. Counselling services, homemaker services, one-on-one, financial assistance, and voluntary in care services were offered to support families.

Four hundred fifty-three children were taken in care during the year. At the year's end, 196 children remained in care, reflecting the temporary nature of in care services.

Apprehended	33
Temporary Ward	10
Permanent Ward	82
Voluntary Care Agreement	46
Wards to another Province	1
Adoption Placement	8
Follow-up to CC	14
Other	2

2) **Referrals:**

A high number of children were referred for sexual abuse allegations as were adolescents who were beyond the control of their parents. In our largest regional office in Queens County, 81 referrals for sexual abuse allegations were made and 121 adolescent family related problem referrals were made. Of these referrals, 43 children were physically abused and 23 were referred for domestic violence situations. During the year there were 56 young single mothers who were referred for service.

3) **Foster Care Program:**

Foster care is a program which is changing its emphasis to help natural families care for their children. Children being serviced by them are usually only temporarily in care and the majority of foster parents spend their time and skills in helping children reunite with their families. This focus puts demands on foster families to change their emphasis from solely serving the child to serving the natural family.

Partnership between the Department and the Federation of Foster Families has been emphasized over the year. The Federation is participating in the development of departmental policies and training opportunities. The Federation also participated with the department in a Base Rate Study which was coordinated by Heather Henry of the Home Economics Department of U.P.E.I.

In 1990-91 there were 106 foster families and six group homes caring for 444 children. There were 214 of these children that were 10 years of age and under and 230 were 11 years and over. There were 87 special needs foster children cared for.

The priority issues for the coming year in the foster care program include:

- development of adequate insurance coverage
- development of a foster family handbook
- and the inclusion of foster families in training programs within government and the professional social work community.

4) **L.A.P.**

L.A.P. is a treatment foster care program established in 1988. During the 1990-91 fiscal year, L.A.P. served 11 children and their families. In addition, there were six children with their natural or substitute parent who received the follow-up sessions L.A.P. provides.

The natural parent support group was firmly established as an internal part of the L.A.P. program. The group met for one evening per week for the period September to June.

The foster parents' natural children's group continued to meet on a monthly basis. The five L.A.P. foster parents met weekly for three hours during the year. The foster parent training concentrated on the area of partnering with natural parents. The focus was to increase foster parents' skills in working in a supportive manner with natural parents to assist them to resolve some of the difficulties which led to their children entering foster care.

L.A.P. was fortunate to have the services of three summer students. As a result, the summer program provided respite for natural and foster parents and concentrated on the development of prosocial skills in the children serviced.

During the year the L.A.P Advisory Committee was reinstated and began to meet regularly. In addition, the clinical consulting committee was also established.

5) **Group Home Program:**

During the year 76 adolescents (37 males and 39 females) were served with a total of 99 placements in the Division's five Level II Group Homes. The average age of the residents was 14.28 years while the average occupancy rate for the five homes was 76.5%.

The one Level I Group Home served six youth (2 males and 4 females). The average age of the residents was 16 years of age while the average occupancy rate for the year was 66.13%.

The Provincial Group Home Committee focused its efforts on discussion of:

- Administrative practices
- Staffing patterns
- New youth initiatives, i.e., Youth Forum, establishment of the Director of Youth Policy position, changes at the Adolescent Unit - all impacting either directly or indirectly on the group home program.

6) **Children For Whom We Have No Resources:**

There was a reduction in the number of children referred to the Director of Child Welfare as children for whom we had no resources. Thirty-four children were referred this year whereas 61 had been referred in the previous year. This reduction is believed to be reflective of enhanced services by divisional staff to provide supports to both the child and his/her family.

7) **Adoption Services:**

During the year there were 51 adoptions completed which included 20 departmental adoptions - which was the highest number since 1983-84; two private family agency adoptions - the lowest number on record; and 29 private adoptions - a significant drop from 49 the previous year.

Approximately 100 couples or families applyied to adopt a child. The wait for placement of an infant was between 4 and 5 years.

The requests for adoption disclosure information continued and the wait for non-identifying information was approximately 1 to 2 months. Work continued on the Adoption Act with further input being received from a number of community groups.

STAFF TRAINING

During 1990 - 91 the following training opportunities were made available for divisional staff working in the area of child welfare:

- Three social workers obtained their certificates in advanced child welfare after attending a three week course sponsored by the Maritime School of Social Work, Dalhousie University.
- Sixty staff members participated in a one-day workshop on Attachment and Separation.
- Sixty-eight staff members attended a two and half day workshop on Interviewing Sexually Abused Children.
- Fifteen staff members attended the three day Youth and Child Care conference held in Moncton, New Brunswick.
- Fifty staff members and a number of foster parents attended a two-day workshop on Normal Grief and Grief in Children.

- Thirty staff members participated in a one-day Separation and Loss workshop.
- Two staff members attended a one-day workshop on A Treatment Approach For Helping The Sexually Abused Child.
- Sixty-four staff members participated in a two-day workshop on Assessing Parenting Capacity.
- Thirty staff members attended a one-day workshop on Working With Abused Children.

Twenty-eight staff members working in a variety of program areas had an opportunity to attend a workshop which focussed on group work skills.

Two Regional Directors attended the Advanced Seminar for Social Service Work Managers held in Quebec City and two Consultants attended a one-day workshop in Working with the Media sponsored by CPPMA.

At least four divisional staff members took computer training and a number of secretaries attended a one-day professional seminar.

Nutritionists, speech therapists, family support workers, and employment enhancement workers participated in staff development events specifically related to their area of expertise.

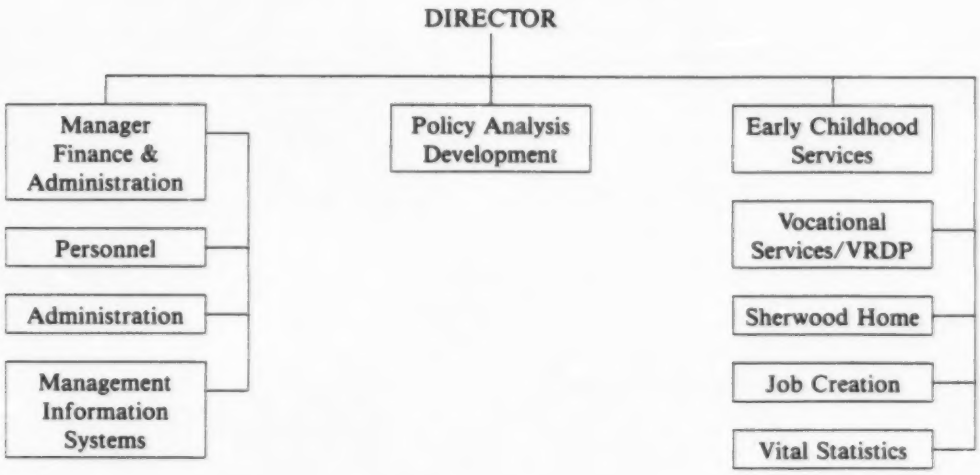
DIVISION OF CORPORATE SERVICES

Carl Cooper, Director

The Corporate Services Division was formed in January, 1991 from an amalgamation of the former Management Services and Special Services Divisions.

The integrated division is primarily a support to other divisions of the Department while retaining some of the service delivery components of the Special Services Division.

The Division is organized into the following reporting units:



With the reorganization responsibility for nutrition services, audiology, speech therapy and residential services was transferred to the Child & Family Services Division.

PERSONNEL

This unit was involved in all personnel matters in the Department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council.

ADMINISTRATION

This unit is primarily responsible for the coordination, development and monitoring of the Department's budget. In addition, accounts payable and the disbursement of grants to community agencies are processed by this unit. The administration of all contracts between the Department and private sector agencies, personal service contracts and employment contracts has been centralized to Corporate Services.

MANAGEMENT INFORMATION SYSTEMS

During this year the Department contracted with UNISYS Inc. to convert and upgrade the Social Services Information System. This is the first phase of a three-year project to improve the information base for the Department.

This project has received funding assistance from Health & Welfare Canada and technical assistance from Computer Services Division of the Department of Finance.

POLICY ANALYSIS AND DEVELOPMENT

A small team of policy analysts is responsible for all inter-departmental policy discussion paper and planning documents particularly in the social services area.

The team also provides support to the executive of the Department in regard to the Province's role at Federal, Provincial and Territorial meetings of the Ministries of Health & Social Services.

This unit is also responsible for drafting and maintaining the Department's legislation.

SHERWOOD HOME

Sherwood Home is a small residential facility providing residential, developmental day programs, and respite care services. There are fifteen residents, and six children from the community that attend the day program.

The major project during the past year has been the further development of a Parents' Advisory Group which now meets on a regular basis.

EARLY CHILDHOOD SERVICES

As of March 31, 1991, there were 123 licensed early childhood centres in P.E.I., with a total of approximately 3700 spaces. During the course of the year, the Child Care Facilities Board issued 127 licenses and 28 provisional licenses to child care facilities.

The Direct Funding Program continued to provide Maintenance Grants, Flat Rate Grants, Infant Incentive Grants, and Special Needs Grants to licensed child care facilities.

As part of an ongoing effort to improve quality in early childhood programs, Program Staff offered 30 different training sessions to early childhood workers and students across the province. These included a three day Infant Child Care Conference, and a 90 hour course on Supervising Staff for Early Childhood Supervisors. In addition to the above-mentioned sessions, Departmental staff organized Supervisors' Discussion Groups, which involved Early Childhood Supervisors. These discussion groups met each Friday afternoon in the four regions of the province.

During 1990-91, Early Childhood Services Staff were involved in a number of national projects. Staff were involved in planning for the Second National Child Care Conference, "Children: The Heart of the Matter", to be held in Charlottetown in June, 1991.

Departmental staff were also involved in completion of the Provincial Reports for the National Child Care Study. The Coordinator of Early Childhood Services chairs the Provincial Writing Team, which is preparing the P.E.I. section of the National Study.

During 1990-91, the Department co-sponsored, with the P.E.I. Department of Industry and Agricultural Employment Services, an In-Home Child Care Project, which provided in-home child care for rural farm families across the province.

The Department continued to provide various resources to both parents and early childhood supervisors, including a Parent's Guide to Early Childhood Programs, a Directory of Licensed Early Childhood Programs, and Positive Behavior Management in Early Childhood Programs. In addition, Government's Guiding Principles for the Development of Early Childhood Services were made available to other provincial organizations and governments.

The Coordinator for Early Childhood Services and the Assistant Coordinator continued to provide consultation to individuals, agencies, and other provincial governments.

VOCATIONAL SERVICES

Vocational Training Services provided through the sheltered workshop system served approximately 200 persons with mental handicaps through seven non-profit community agencies at a cost of $1,789,000.

During 1990-91, the Department provided funds which allowed the achievement of wage and benefits parity across the workshop system. Increasing emphasis was placed on agency accountability and on maximizing services provided with the resources allocated.

Individualized client programs, integration, and meaningful work continued to be emphasized. The Employment Enhancement Program and other generic employment and training services continued to be utilized as a means of obtaining short term staff to complement permanent workshop staff.

VOCATIONAL REHABILITATION OF DISABLED PERSONS PROGRAM

This program is a federal-provincial cost shared program which has as its objective the training of persons with disabilities for employment in the competitive job market.

Over a hundred persons received services under the program in fiscal 1990-91. Of this number, thirty-seven were in individual training programs which varied from University level training to training on the job. This is an all time high. The cost was approximately $160,000.

The number of disabled persons using this program as well as the budget associated with it has shown a slow but steady growth over the past decade. Projections are for continued growth, perhaps dramatic in scope, as more and more persons with disabilities become aware of the opportunity provided for training, employment, and eventual financial independence.

TRAINING & EMPLOYMENT PROGRAMS FOR WELFARE ASSISTANCE RECIPIENTS

The Job Creation Program

This program was established as an alternative to welfare assistance. Persons eligible for assistance are given the opportunity to take short-term employment. In fiscal 1990-91 two hundred and twenty-eight (228) persons benefited from this program and 2,635 weeks of employment were created. Expenditures on the program were $521,055.

The Employment Enhancement Program

The Employment Enhancement Program provides welfare assistance recipients with the opportunity to upgrade their education and training. It is targeted at those clients who are disabled or disadvantaged in some way when seeking employment. Lack of work experience, training, and education have been identified as the major barriers. Six staff located in the Regional offices across the Province are responsible for arranging client assessments. Academic up-grading and life-skills training are provided based on these assessments.

The Civil Service Commission participated in this program with the *Employment Opportunities for the Disabled Project*. This Project was designed for "persons with significant deficits or impairments to normal functioning, occurring at birth or acquired by accident, injury, or disease." The intention of the project was to assist disabled individuals to access government employment, initially through project funding, resulting in long-term employment through Civil Service appointment. Of the fifty-five disabled persons who participated in the project since it began, forty received term appointments and were employed on departmental payrolls. Of this number, twenty-five (62.5%) were still employed at the end of March 1991.

In total 293 persons received training and work experience through the Employment Enhancement Program. Expenditures in fiscal 1990-91 amounted to $846,330.

DIVISION OF DENTAL PUBLIC HEALTH

Dr. R. G. Romcke, Director

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program, the Preventive Orthodontic Program and a Geriatric Dental Program.

The Division's administration office and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental clinics are also operated at the Summerside Health Centre and the St. Jeans Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in Tignish, O'Leary, Crapaud, Abrams Village, Morell, Souris, Montague and Murray River.

Further improvements in the dental health of children were achieved during the past year with lower average treatment needs, and with more children having dental caries-free permanent teeth.

An increasing interest in the dental health needs of the elderly is developing across Canada with one province having legislation mandating certain basic dental services for the elderly living in institutions. This year saw further development of a program to meet some of the dental needs of elderly residents of government nursing homes.

CHILDREN'S DENTAL CARE PROGRAM

The Children's Dental Care Program has as its objective, the achievement and maintenance of good dental health by all children in the province. The focus of the program is health promotion and the prevention of dental disease, combined with early, regular dental treatment where required.

The program provides dental health education, preventive services and dental treatment. Services are delivered in mobile and permanent Department of Health & Social Services Clinics and in private dental offices in a total of seventeen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible preschool and school-aged children receive regular care beginning at an early age.

DENTAL HEALTH EDUCATION

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in kindergartens and to youth and other groups. During the year division staff visited day care centres and elementary schools in the province and participated in a variety of health promotional activities.

PREVENTIVE DENTAL SERVICES

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. Preventive services include cleaning of teeth, the topical application of fluoride and placement of fissure sealants. In 1990/91 a total of 17,442 children received preventive services at seventeen centres.

The placement of fissure sealants on the biting surfaces of permanent molars has become a major preventive activity in department clinics and in private dental offices. This procedure involves covering the tooth surface with a hard plastic film, thereby preventing dental caries. During the past year approximately 6000 children received a total of 8771 fissure sealants. This high level of use over the past several years has resulted in a major reduction in the need for dental restorations in permanent teeth.

DENTAL TREATMENT SERVICES

Dental treatment is provided in Department clinics and by private dentists in various centres throughout the province. During 1990-1991 a total of 19,967 children received dental treatment. Of this number 13,398 were treated by private dentists while 6,569 were treated in Department of Health and Social Services' Clinics.

PROGRESS TOWARD OBJECTIVE

Progress Toward Objective In 1971, when the program commenced, the dental health of children in the province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20% of school-aged children and 5% of pre-school children.

At present nearly all children in the province have good dental health. Approximately 85% of children are receiving dental preventive and treatment services on a regular scheduled basis; the extraction of teeth as a result of dental caries is a rare occurrence, and children require an average of just over one dental restoration each year.

PREVENTIVE ORTHODONTIC PROGRAM

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered by the Children's Dental Care Program. The objective of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

The program provides services to nearly one-third of all children at one time or another. Each year approximately 500 children are referred to the clinic by private dentists and clinic dentists.

During 1990-91 a total of 1170 children attended the preventive orthodontic clinic. Of this number, 278 were treated with orthodontic appliances.

GERIATRIC DENTAL PROGRAM IN GOVERNMENT NURSING HOMES

The program consists of examination, treatment, and assistance with mouth care, as well as in-service training for staff to support these activities.

Each resident receives an oral examination by a Department of Health & Social Services staff dentist shortly after admission and at 18 month intervals. In addition, nursing directors and supervisors carry out oral assessments at four month intervals to monitor oral health.

Limited dental treatment is provided to eliminate pain and infection and to improve comfort where this is possible. Most treatment is provided by private dentists in their offices or in the nursing homes.

Residents are provided with whatever level of assistance is required to enable them to provide daily care for their teeth and mouths.

Staff dentists and dental hygienists are available to provide advice on a continuing basis. They also provide in-servicing training to nursing staff directly involved in patient care and to students of the Residential Care Workers' program at Holland College. In addition, seminars in oral assessment are provided to nursing directors and senior nursing staff to enable them to recognize dental problems which require consultation with or treatment by a dentist.

The program has been well received by residents and by staff. The ability to monitor the oral health of residents and to have simple dental treatment provided when required is a valued service.

DENTAL MANPOWER

The province has a adequate supply of dentists who are well distributed throughout the province. Present indications are that a surplus o d ntists is developing.

SUMMARY OF PREVENTIVE SERVICES

	NUMBER OF CHILDREN	
	1989-90	**1990-91**
	18,129	17,442

SUMMARY OF FISSURE SEALANT SERVICES

	NUMBER OF SERVICES	
	1989-90	**1990-91**
Number of services	9,130	8,771

SUMMARY OF TREATMENT SERVICES

	NUMBER OF CHILDREN	
	1989-90	**1990-91**
Public health clinics	6,970	6,569
Private dentists	13,540	13,398
	20,510	19,967

PREVENTIVE ORTHODONTIC CLINIC

	1989-90	**1990-91**
Children attending	1,349	1,170
Children treated with appliances	308	278
New children assessed	495	413
Children completed	613	480

EMERGENCY WELFARE SERVICES

Herman McQuaid, Director

The Emergency Measures and Disasters Act of 1959 has given the authority for organizing and providing Emergency Welfare Services within the province of Prince Edward Island. The Department of Health and Social Services has the responsibility for Emergency Social Services, generally defined as the operational system which is planned and organized for implementation when the structure of regular Social Assistance is inadequate in an emergency. This is considered as temporary assistance until regular pre-disaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid June to Labour Day Weekend.

The Province was free of any major form of emergency during the past year.

The Provincial Emergency Welfare Services has worked closely with the Director of Emergency Measures Organization on several disaster simulations which were held in various parts of the Province.

During the period fiscal 1990-91, eleven candidates attended the emergency training courses at the Federal Study Center at Arnprior, Ontario. Two of our Manor Administrators attended the Special Care Facilities Emergency Planning Courses. Of the remaining candidates, two are employed by the Department of Health and Social Services in regional offices, three are employed with the Canadian Red Cross Society and four are employed in various community care facilities throughout the Province.

The Department hopes to increase this number during the 1991-92 year with the expectations that more spaces will be allocated to the Province. We are working closely with the Provincial EMO Director to update training of present employees.

DIVISION OF ENVIRONMENTAL HEALTH

Richard J. Davies, Director

PURPOSE

The mandate of the Division of Environmental Health is to promote and establish, through education, consultation and inspection, standards which are in keeping with the Public Health Act of Prince Edward Island and its regulations.

With this objective, the Division of Environmental Health has defined all its inspection programs under eight distinct categories. These categories are Food Protection, Occupational Health, Recreational/Institutional, Accommodations, Environmental Health, Education and Consultation and Radiation Protection Services.

FOOD PROTECTION PROGRAM

This area of responsibility includes such services as inspecting grocery stores, slaughterhouses, eating establishments and licensed premises. Services provided by the Division in the course of these inspections are: consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of drinking water supply, general inspection to ensure compliance with recommended standards of housekeeping procedures, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected food poisoning incidents.

Total Inspections - 3395

Type of Inspection	1989/90	1990/91	% Increase (Decrease)
MANUFACTURING			
Retail Grocery Stores	260	350	35%
Slaughterhouses	56	50	(9%)
CONSUMER			
Eating Establishments	1890	1995	4%
Licensed Premises	235	300	27%
Swab Samples	150	700	365%

ACCOMMODATIONS PROGRAM

This area of responsibility includes the investigating of rental accommodation complaints in permanent accommodations i.e., apartments, rooming houses or temporary accommodations i.e., summer trailer courts, tenting and campground and tourist facilities.

Total Inspections - 2115

Type of Inspection	1989/90	1990/91	% Increase (Decrease)
PERMANENT			
Apartments, Rooming Houses	85	125	48%

Rental Accommodation Inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

TEMPORARY

Temporary Establishments - Hotels, Motels, Cottages and Campgrounds	1765	1990	13%

OCCUPATIONAL HEALTH PROGRAM

Occupational Health problems are referred to the Division by the general public or Government for investigation. The Division works in close co-operation with Medical Services, Health Protection Branch of Health and Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

	1989/90	1990/91	% Increase (Decrease)
Total Inspections	55	60	9%

The type of problems investigated in the Occupational Health Analysis Program were:

- testing of levels of various gases.
- indoor air quality
- analysis for various fibre content
- checking ventilation systems within buildings.

RECREATIONAL/INSTITUTIONAL PROGRAM

These facilities are inspected to ensure they comply with the Public Health Act and Regulations, as well as other provincial legislation. Facilities include schools, day care centres, institutions and hospitals, nursing homes and swimming pools/saunas.

Total Inspections - 535

Type of Inspection	1989/90	1990/91	% Increase (Decrease)
Child Care Facilities	2200	200	(11%)
Schools	22	30	46%
Nursing Homes	24	25	1%
Institutions/Hospitals	30	40	33%
Swimming Pools/Saunas	75	200	167%
Community Care Facilities	45	40	11%

ENVIRONMENTAL HEALTH

The Division receives enquires and complaints concerning environmental health problems. These complaints include rodents and insects, pesticides, occupational health exposures, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals.

All complaints and enquiries are given priority in their investigation.

Total Inspections - 610

Type of Inspection	1989/90	1990/91	% Increase (Decrease)
Complaints	363	360	—
Enquiries	230	250	9%

Examples of complaints which were referred by the general public would be:

- Garbage complaints
- Inadequate housing
- Unsightly property
- Insects in dwellings.

Examples of enquiries are:

- Fuel oil contamination
- Regulations for establishing a restaurant
- Indoor Air Quality
- Swimming Pool Regulations.

EDUCATION & CONSULTATION PROGRAM

This programme consists of both public and professional education. Education is a component of all Divisional programs. Owners and operators of the various facilities are taught proper foodservice sanitation procedures.

Eleven (11) National Sanitation Training Programs were conducted for 165 people. This brings to 1290 the number of Island foodservice people who have successfully completed this Course. Other groups who received educational instructions from the Division included Licensed Nursing Assistants, and Dietitians at the Queen Elizabeth Hospital.

In addition, there are in-service education programs for the Environmental Health Officers.

RADIATION PROTECTION SERVICES PROGRAM

This province has enacted the Radiation Safety Regulations which cover both ionizing and non-ionizing radiation. At the present time, Radiation Safety Officers from Health Protection Branch, Health and Welfare Canada, Ottawa, are conducting inspections of this province's hospitals, veterinary clinics, dental clinics, etc., to assure that radiation equipment meets the requirements of the Radiation Safety Regulations.

1989/90

Two Radiation Safety Officers returned to Prince Edward Island to conduct follow-up inspections from problem areas which occurred the previous year. Twelve restricted use forms were issued. A total of 90 inspections were conducted during this visit.

1990/91

One Radiation Safety Officer returned to Prince Edward Island to again conduct follow-up inspections from the above mentioned facilities. A total of 90 inspections were conducted this year.

To date, 74 Registration Certificates for Radiation equipment used in the province have been issued.

CONCLUSION

The Division's workload continues to increase unabated. High risk facilities were targeted for additional inspectional activity. Percentage increases of inspections were Child Care Facilities 11 percent, Schools 30 percent, Nursing Homes 1 percent and Institutions/ Hospitals 33 percent.

To better understand the "on-going" level of sanitation in this province's eating establishments, bacteriological swabs were collected. This activity reflected a 367 percent increase over 1989 figures. Another area that continues to show elevated levels of inspection is the Accommodations Program. Permanent rental accommodations' inspections increased by 48 percent and temporary accommodations (i.e. hotels, motels, cottages, campgrounds, etc.) by 13 percent.

Manpower requirements continue to be a problem due to the large amount of work expected of members of the Division. We have been very fortunate in July, 1991, to have an additional Environmental Health Officer joining the Division, after completing his academic training at the British Columbia Institute of Technology in Vancouver, British Columbia.

A Committee was formed to develop Swimming Pool Regulations. These Regulations are now in a draft form and are presently being reviewed by Legislative Council.

The Division has been given the mandate to enforce the Tobacco Sales to Minors Act. Regulations will be developed to complement an educational program aimed at reducing the smoking habits of teenagers.

DIVISION OF HOME CARE AND SUPPORT

Sandra Bentley, Director

Home Care and Support provides and/or coordinates selected health, social and community support services to individuals and their families. These services help people to remain in their own homes or to return to their homes if they have been receiving care in a hospital or other institutional setting.

The services of Home Care and Support are intended to help people help themselves. They are not a replacement for family or community help. They are intended to offer help in a crisis, to relieve family caregivers, or to offer additional supports to enable people to regain or maintain independence.

OBJECTIVES

(1) To coordinate and provide services and support to assist persons in meeting their health and social needs in their homes when this is the most appropriate place for care.

(2) To ensure the development of services which can provide an alternative to unnecessary, premature or prolonged placement of persons in institutional care.

(3) To relieve excess strain on family members or other persons providing care and in so doing, prevent the breakdown of a desirable living arrangement.

(4) To involve community organizations and volunteers in the provision of specific home support services.

(5) To assess and provide or arrange assistance to vulnerable adults, unable to protect themselves from abuse or neglect.

(6) To provide educational programs for the general public on the needs of clients and the services available.

SERVICES

Home Care and Support operates, supports, or coordinates development of a range of services to be provided to persons in need in their own homes and communities. The services can be categorized into six major types:

Home Care Nursing

Home Care Nurses provide nursing care at home on a visiting basis which can include: injections, dressing changes, ostomy care, catheter insertions and care, blood pressure monitoring, assessments, health supervision, and health education.

Intravenous therapy, specialized respite and palliative care and assistance to home dialysis are now aspects of the service as well. Nurses from the Division visit the seven hospitals on a regular basis to identify and plan for patients who may require Home Care Nursing or other service upon discharge.

The demand for community based care continues to grow. In addition to increases in caseload numbers, there has also been a trend towards more frequent visits, with several clients receiving treatments two or three times per day. There have been increases in referrals for post-operative care, both in-patient and day surgeries. Referrals from out-of-province hospitals have increased. Many involve treatments which require additional specialized training such as dialysis or total parenteral nutrition.

Weekend and evening coverage is available in all areas of the province when required. In several instances, nursing services were provided through the night for terminally ill people who chose to die at home.

Visiting Homemaker

The Visiting Homemakers provide services for those who cannot perform basic activities themselves. The types of services can be categorized as personal care, tidying and cleaning, laundry and mending, meal preparation, accompaniment, and respite supervision.

Referrals for the Visiting Homemaker service may come from any source. An assessment is done to determine the amount of service required and a means test is used to determine the rate a client pays, according to a sliding fee scale.

There were general trends towards increases in: persons requiring daily services; persons requiring help twice daily, both morning and evening; persons needing personal care as a result of medical conditions or extensive physical disabilities; number of clients who will require services for extended periods of time; and clients who need a wider variety of services from the Visiting Homemaker due to more complex and multiple needs.

Community Support Services

Each region has a Community Support Worker who assesses the needs of clients in the community and assists them in accessing and setting up services and supports which will enable them to remain in the community as long as possible. The worker will continue as necessary to monitor the progress and maintain follow-up of individuals and will ensure that arrangements meet changing needs. When required resources are not available or sufficient, the Community Support Worker will work with community agencies, private sources, and government personnel to establish and develop programs and services to meet those identified needs. Examples of the types of community services include: chores, handyman services, daily telephone contact, day programs, family relief, friendly visiting, home deliveries, in-home help, meals-on-wheels, living accommodations, and transportation.

The Community Support Worker also has a major role in creating opportunities to inform and educate the public on subjects relating to services, needs, and the philosophy of service delivery.

The Community Support Workers make a major contribution to both educating the public in the area of Home Care and other services, and providing the link between community/volunteer services and governmental services to meet the needs of individuals.

Occupational Therapy

Occupational Therapists provide a wide variety of services to clients in a community setting. The Occupational Therapists use activity to meet the clients' goals in self-care, productivity, and leisure. After an assessment, treatments may be related to splinting, assistive devices, special equipment, architectural adaptations, homemaker functions, arthritis education, hand function, self-care, and activities of daily living.

In addition to specific Occupational Therapy services, the Occupational Therapists assist in assessing some of the more complicated multi-disciplinary cases, and in training other divisional staff on lifting and transferring techniques, preventive back care, and developing back care guidelines and policies for the Division.

Most people referred for Occupational Therapy Services in 1990-91 were experiencing neurological conditions affecting their abilities. Time spent with these clients was equally divided between adaptation of the environment and modification of methods for achieving daily living tasks in their home setting.

There were opportunities in Summerside, Charlottetown, and Montague for three Occupational Therapy students from Dalhousie to complete intern placements.

Physiotherapy

This service is purchased from the hospitals when it is needed by clients in a community setting. When used as part of the Home Care and Support Program, the physiotherapy usually involves an initial visit to teach techniques to the client, family, or caregiver, and a follow-up visit to monitor progress.

The use of this service has been minimal. Although the Division has the option to purchase more physiotherapy services from the hospital system, staff shortages have meant that this resource simply is not always accessible.

Adult Protection Services

This is the second year for servicing under the Adult Protection Act. There has been a steady increase in the number of referrals, with 117 cases this year. The majority of cases were provided with preliminary investigations and assistance while some required in-depth assessment and extensive supports. Generally, concerns are resolved by mediation and additional supports.

Working within the principles and mandate of the Act has been a challenge to staff but overall we are very pleased with the outcomes and the fact that court ordered intervention has not been necessary.

The issue of elder abuse has received more attention during the past year. There have been several requests for general information on this topic which have been responded to by staff.

As well, adult protection workers were involved in preparations for workshops to caregivers which focused on adult protection, elder abuse and the importance of stress management in caregiving situations. Booklets for caregivers are available through our regional offices.

GENERAL DEVELOPMENTS

Staff Workshops

Each service discipline had workshop days specific to their arena of service delivery. Also, we had a multidisciplinary workshop day on barriers to teamwork and interdisciplinary collaboration.

Students

The Division was available to student orientation and placements from several educational institutions. The common areas of study placement are nursing, medicine, and occupational therapy. We have seen an increased demand for student exposure to home and community based care as health care education broadens its vision.

Dialysis

An intersectoral coordinating committee was struck to assist in the transfer of dialysis programming to the community. Members include Hospital and Health Services Commission, Department of Health and Social Services, Medical Society, Victoria General Dialysis Unit and Liaison nurse, Queen Elizabeth Hospital and Prince County Hospital. Early transfer to the community based program has significantly reduced the number of patient days in out-of-province hospital.

Foot Care

Community Support workers and home care nursing assisted community organizations to host community based foot care. Private nurses received specialized training via Senior's Independence Program with VON Canada. Clinics are available to people of all ages in communities across the province.

Infection Control

Infection control and AIDS education sessions were held in each region to keep staff informed and confident about safety precautions for clients, families and staff.

Special Education Needs

The demands for complex care at home required staff to respond quickly to education needs. Some staff have received specialized education in hemo and peritoneal dialysis, computerized pain management, total parenteral nutrition, pediatric ileostomy care and nosogastic tube feedings. The Divsision appreciated the cooperation and support provided by in and out of province acute care hospitals and the physicians involved.

DIVISION OF MENTAL HEALTH

Dr. Pamela J. Forsythe, Director
William Lawlor, Director of Program Services

The Division of Mental Health underwent major restructuring in the fiscal year 1990-91. As a result of a 1988 report on the mental health system, it was decided that there was a need for the development of a more coordinated, integrated system of services within the Province as well as within the Department of Health and Social Services. The Division of Community Mental Health and Hillsborough Hospital were reunited under one Division of Mental Health. In addition, an advisory committee structure was established with representatives from government, general hospitals and community.

The new Division of Mental Health was established with four main sections. A Special Projects section focusing on primary prevention, research, quality control, and standards was established. A Community Maintenance Program section will focus on after care services, discharge planning and follow-up. The other two sections of the Division include the Community Mental Health teams and Hillsborough Hospital as part of community and institutional services.

The Division of Mental Health was involved in a number of project areas over the last year. A proposal to undertake a needs assessment in the area of child sexual abuse was completed and submitted to Health and Welfare Canada. As well, the Division, along with the University of Prince Edward Island, participated in the implementation of the Canadian Study on Health and Aging. The Division was also actively involved during the year at the national level in the development of a paper on mental health and women.

The Division was fortunate to have been able to recruit the services of a child psychiatrist to provide services within the Adolescent Unit and in the community.

COMMUNITY TEAMS

Services are provided on a regional basis with one mental health team in each county. Individuals, families, professionals and community groups are offered a wide variety of professional mental health services including assessment/consultation services, direct therapy services, community development, and prevention/education services. These services are offered through multidisciplinary teams using professionals from the disciplines of psychiatry, social work, psychology, nursing and occupational therapy.

The Community Mental Health teams underwent a major program review during the fiscal year. This was the result of an ever-increasing demand for services which more than doubled during the 1980's and continued to escalate. The review of services involved consultation with community agencies, internal analysis of efficiency and effectiveness of the system, as well as a client satisfaction survey of consumers. The objective was to identify program goals and objectives for the next two years. This process is to be completed by the fall of 1991.

Presenting Problems and Referral Sources

The problems presented were wide and varied, from major psychotic disorders to family and marital disturbances. Each region reported an increase in the number of clients presenting with more severe and complex problems. The main presenting problem was depressive disorder. Community Mental Health Services received referrals from a total of 13 sources. The major referral sources are as follows:

- Medical/psychiatric 40%
- Self 25%
- Family/significant other 22%
- Child and Family Services 6%

Direct Service Statistics

- Cases receiving services 2,681
- Number of new cases 1,210
- Number of therapy sessions 12,963

Consultation Services

Community Mental Health Services continued to provide consultation services to a wide variety of agencies around the area of mental health disorders. We provided a total of 822 consultation hours during the year.

Preventative/Educational Services

The main thrust in the area of Community Mental Health prevention programs was to develop an interagency working group around the area of suicide prevention. This group was made up of government and community agencies with a focus on providing early intervention and prevention to reduce the incidence of suicide attempts and actual suicides.

In addition, the Division provided 63 sessions to 2,164 persons on topics such as stress management, depression and suicide, eating disorders, depression, crisis counselling skills, etc. These sessions were provided to a number of groups including professionals, at-risk and high-risk groups, and the general public.

McGILL DAY TREATMENT UNIT

The McGill Day Treatment Program provides a therapeutically-oriented group program to persons who require more than outpatient services but do not require 24-hour care. A study of the McGill Day Treatment Program was completed and a resulting restructuring of its aims and objectives was established. The program provided 991 patient days to a total of 75 patients.

AFTER CARE PROGRAMS

After Care Programs provide formerly hospitalized patients with a follow-up service through assessment and consultation as well as administration of injectable, long-acting medications. This program is provided in Charlottetown through the McGill Day Treatment Unit, in Summerside and Montague by the mental health clinics with outreach to West Prince and Souris. The program provided 3,796 injections to 223 patients throughout the year.

HILLSBOROUGH HOSPITAL

Hillsborough Hospital provides assessment and tertiary care services to persons who are suffering with mental health disorders. In addition, the hospital has a 12-bed adolescent unit providing residential services to adolescents experiencing emotional or behavioural problems. In the last year, there was a strong emphasis on attempting to provide more specialized, professional services at the hospital, with a strong emphasis on development of the role and function of the nursing department. A Director of Nursing was hired to provide leadership in this area. There continued to be pressures over the last year due to limited available professional clinical services from psychiatry and social work. Recruitment continued for another psychiatrist for the hospital.

In the fiscal year, there were a total of 328 admissions to active treatment at Hillsborough Hospital, with 220 being males and 108 females. This represents a 31% increase over the previous year and a 100% increase over the last three years. The average length of stay for the active treatment area was 48 days. The major diagnostic categories included.

- Schizophrenia 19%
- Alcoholism 14%
- Manic/depressive and other psychosis 13%
- Adjustment/behavioural disturbances 12%
- Drug abuse 10%

Adjustment, reaction and behavioural disturbance accounted for 26% of bed-days, followed by schizophrenia at 18%.

ADOLESCENT UNIT

The Adolescent Unit underwent major changes over the last year. The Unit moved its focus from long-term treatment to more short-term interventions. Heavy emphasis was placed on community involvement in admissions, intervention and discharge planning. The Unit also placed a heavy emphasis on training staff to adapt to this new model of service.

DIVISION OF NURSING

Ella B. MacLeod, M.S., Director

Purpose

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

To provide health-related services that are equally accessible to all Islanders; services that will prevent the outbreak of and consequences of communicable and social diseases; services for the early detection and prevention of illness; and health education programs for the promotion of health and healthy life-styles.

Health Units

The Division of Nursing accomplishes its objectives through a decentralized service in Tignish, O'Leary, Summerside, Kensington, Charlottetown with four locations, Montague and Souris.

Programs

a) Public Health Programs include: reproductive care and child health, school and preschool health, communicable disease control, health supervision and illness prevention;

b) Health Education;

c) Diabetes Education;

d) Family Life Education; and

e) Heart Health Programs.

Staff

The Division of Nursing staff consists of a director, 4 regional directors, 4 coordinators, 19 full-time and 8 part-time nurses, one nutritionist, 7 full-time and 8 part-time clerical staff.

PUBLIC HEALTH PROGRAMS

Reproductive Care and Child Health

The objectives of this program are to promote the health of mothers throughout their pregnancy, foster the growth of the infant, and help parents develop skills in parenting. A Parent-Child Committee meets regularly to review the programs and make recommendations for change.

A total of 618 high risk and primipard mothers were referred to the public health nurse for assessment and intervention.

Forty-two series of pre-natal classes were offered in six locations throughout the province to 407 mothers and 385 fathers. In addition, there were 123 individual or group counselling sessions and 59 mothers introduced to the smoking cessation program. 37% stopped smoking and 2% cut back on the amount smoked. It is felt that the program is having some success. Nurses made 221 visits to pregnant women in the home offering help and counselling and saw 483 in the health clinics.

All mothers were visited in the maternity ward to assess their needs and plan for a follow-up visit at home. There were 2,042 post-partum home and 616 health clinic visits plus additional visits to newborns during first year of life. Mothers were helped with care, the baby assessed, and plans were made with the mother for attending the Child Health clinics. Visits included the 106 children born with a congenital anomaly.

A total of 367 Child Health clinics were held at 18 locations. Approximately 2,000 infants were assessed and/or immunized at the two, four, six, fifteen and eighteen month old clinics. There was a total of 11,769 scheduled visits and 100 children identified as having a health problem and referred.

At 3 + years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 290 clinics at six locations attended by 1,034 children with 174 referrals.

Pre-school entry clinics were organized at six locations; 2,886 children were assessed and/or immunized with 265 referred for health problems.

Nurses made 1,210 visits to the home and saw 167 pre-school children in the health unit assisting mothers with problems associated with their children.

School and Kindergarten Health Program

The objectives of the school program are to provide a knowledge of health, encourage healthy life-style practices and promote early treatment of an illness or disability. The objectives are accomplished by counselling students and acting as a health information resource for teachers. Services include health appraisal, screening for defects, and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow-up as needed.

There were 63 schools and 92 kindergartens and day cares visited on a routine basis. Screening of children for various health problems included:

	School	Kindergarten
General Health Inspection	9644	846
Number of children identified with a nuisance disease	661	63
Vision Screening	5,638	
Referred	880	
Hearing Tested	1,803	
Referred	261	
Scoliosis Screening	3	
Referred	0	

There were 548 visits to the home for follow-up care and 293 children assessed in the health unit.

Nurses spent 272 hours giving 241 health education talks to 7,212 students and 167 hours in counselling 331 individuals about a health problem.

577 Grade 9 students from 5 regions continued to participate in the *Heart Health Program*. Students again had their weight, height and blood pressure measured and finger prick for cholesterol. They were provided with health education to help them develop a healthy life-style and eating habits for a healthy heart.

Communicable Disease Control

Immunization

There were 11,769 scheduled visits to the health clinics where approximately 10,000 infants and preschool children,and 2,000 school children and 771 adults were given 21,699 vaccines.

Sexually Transmitted Diseases

There were 10 cases of gonorrhea and 325 of chlamydia identified and follow-up done for contacts.

Salmonella and Other Bowel Infestations

There were 74 primary cases of Salmonella and 91 cases of campylobacter identified and placed under surveillance and follow-up done for contacts.

Tuberculosis

There was 1 positive case reported, and follow-up of 534 Tb contacts to include mantoux testing and health teaching.

Health Supervision and Illness Prevention

Thirty-nine Senior Citizens' Homes were visited on a regular basis with seven organized programs covering foot care, blood pressure check and nutrition counselling and health education.

There were 1,027 adults and seniors visited in the home and 127 seen in the health unit for health supervision of an existing health condition.

The public health nurses gave 114 health related talks to community, home and school, institutes, groups etc. with an attendance of 3,156 participants.

DIABETES EDUCATION PROGRAM

Established in 1973, the Centre operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students.

	Charlottetown	Summerside	Total
Number of courses	17	10	27
Number of people, family, professionals who completed course	300	167	467
Number of special sessions for gestational diabetics	15	4	19
Number of Computer/Monitoring Sessions with children & teens	25	14	39
Number of follow-up visits	1,052	542	1,594
Number of professional up-dating sessions			12
Number of Children & Family Members	1 child/parents	4 children/parents	

FAMILY LIFE PROGRAM

The Family Life Program continues to provide resources and services across P.E.I. to strengthen family life. Services offered are individual counselling and referral services; consultation to youth, parents, school, church and community groups; organizing and facilitating education workshops and seminars; consultation with professionals on family life issues.

Some of the new initiatives this past year were:

AIDS P.E.I.

Assistance and support was given to start AIDS P.E.I. - A Community Support Group. This is now an incorporated, charitable 14 member Board that has been proactive in education, support groups, counselling and fundraising ($10,000 was raised in 1990).

A Teen Pregnancy Committee

A group of 20 professionals was organized to discuss the issues, concerns and problems of teen pregnancy. Sharing information, gathering data and research of the issues are some of the tasks of this committee.

HIV/AIDS Counselling Workshop

A $30,000 grant from Health and Welfare was received by the Family Life Co-ordinator to organize this workshop for professionals and community. A project co-ordinator is hired and a planning committee is in place.

Peer Pressure Reversal

Workshops have been developed to teach refusal skills to teenagers in junior/senior high school and youth groups. The goal is to teach teens to resist peer pressure, to learn how to say "NO" and keep their friends.

Family Resource Center

Multi media resources on a wide variety of family life topics are in increasing demand from students, parents, professional and community groups.

Workshops have been presented to schools, professionals and community groups on topics such as:

Topics
Family Communication
Sexuality/Self Esteem/Decision Making
Sexual Development/Sexual Responsibility
Conception/Contraception Education
Adolescent Pregnancy
Preventing Sexual Assault
Marriage Preparation
Parenting of Adolescents/Teens
Marriage Enrichment
Sexually Transmitted Diseases/AIDS

Statistics	
Workshops/Seminars	80
Youth	1223
Parents	1079
Professionals	315
College/University	505
	3122

HEALTH EDUCATION PROGRAM

Objectives of this program are to initiate, organize and participate in cooperation with other divisions, departments, official and voluntary agencies in health promotion activities; to coordinate the Department's health education programs and other agencies throughout the Province; to plan and organize inservice education programs in cooperation with nursing senior management; and, to assist in implementation of National Health Promotion Programs.

Program Activities

- Co-ordination/production of "Heartbeat" - a video about heart health for teens.
- Co-ordination/production of "Heart Health for Teens," an information brochure on heart health for teens.
- Development of the "Bee Well Lifestyle Guide" to be released in 1991 - an information guide on lifestyle information targeted at the 20+ age category. The guide will be distributed through the workplace.
- Development of the Health Campaign Calendar- an information resource regarding health campaigns, distributed to health organizations, school, universities etc.
- Supervision/Co-ordination of the "Care to Quit" Program - A Smoking Cessation program developed for nurses.
- Organization of the "Health for Life" Award and Banquet, a volunteer award presented each year to an Island resident who actively promotes health.
- Participation as trainer in the Peer Education Program on Drug and Alcohol. Trainers train high school students, who then in turn teach junior high students about drugs/ alcohol, decision making, communications, etc.
- Participation/Co-ordination of the Divisional role in the Child Awareness Day Campaign, a safety campaign aimed at elementary school children.
- Promotion of smoking education programs such as National Non-Smoking Week, and the Smoke Free Class of 2000 Project.
- Organization of Fitweek activities for civil servants in conjunction with the Queen Elizabeth Hospital and Civil Service Commission.
- Various presentations on fitness/lifestyle.
- Promotional displays set up at special events such as Women's Institute Conference, Women's Network Conference, CPHA Conference.
- Production of Pre-Natal Calendar and smoking cessation materials sent to physicians offices.

HEART HEALTH PROGRAM

This annual report marks the completion of the first year of the five year implementation phase of the P.E.I. Heart Health Program. During the past year the 15 members of the Heart Health Co-ordinating Committee met 12 times for regular monthly meetings. The Committee membership comprises representatives of 10 volunteer and professional organizations, two members from the community and three from government. The Committee also met for three day-long workshops: evaluation planning with consultant Dr. Annlouise Assaf of the Pawtucket Heart Health Program; a strategic planning session that was facilitated by Bill Reese, a corporate planning specialist; and a Community Activation educational workshop with Mr. Michael Felix of the Kaiser Family Foundation.

A program co-ordinator and secretary have been employed and operate out of the Heart Health offices and boardroom located in the basement of the Prince Edward Home.

Although the first year of the program has been largely devoted to planning, some projects have been implemented. Activities aimed at achieving our initial goal of raising the awareness of the problem of heart disease among the general population and health professionals include: a logo and theme contest; a P-R campaign of TV ads, a weekly newspaper column, a video production, pamphlets, and tee shirts. In addition, committee members have presented to over 20 community and professional groups about the program. In the area of project development, three community organizations have been granted seed money to develop CVD risk reduction interventions.

During this planning year we have been able to create a firm foundation on which to develop interventions to achieve our long term goal to reduce death and illness due to heart disease on Prince Edward Island.

DIVISION OF ONCOLOGY SERVICES

D.E. Dryer, M.D., Director

The Division of Oncology Services provides consultations for adult patients with or suspected of having cancer and/or hematologic disorders, drug treatment of same, follow-up of patients, and compilation of information on cancer incidence in Prince Edward Island.

The Outpatient Oncology Clinic is located in the Special Services area of the Queen Elizabeth Hospital. One day a week a similar clinic is held in the Outpatient Department of the Prince County Hospital.

Intravenous chemotherapy is administered by either a specialized oncology nurse or the patient's treating physician. Most treatments consist of multiple intravenous (I.V.) drugs. A large number of patients are treated with oral chemotherapy and/or anti-cancer hormones for which statistics are not available.

The annual increase in numbers of new patients and number of chemotherapy treatments reflect the increasing incidence of cancer and also the increased number of effective treatments available.

The majority of patients requiring adjuvant or palliative radiation treatment are referred to Dr. W.T. Hooper at the Queen Elizabeth Hospital.

With the arrival of the C.T. scanner, most patients do not require management outside the province except for specialized radiotherapy, occasional surgical procedures, induction treatment for acute leukemia, and bone marrow transplantation.

Two family practitioners are employed part-time as clinical associates providing inpatient and outpatient cancer care under supervision of the Oncologist at the Queen Elizabeth Hospital.

The Oncology Division participates in clinical trails run by the national Cancer Institute of Canada with informed, signed consent of those participating patients.

Many Island cancer patients are assisted financially with drug expense and out-of-province travel costs by the P.E.I. Division of the Canadian Cancer Society.

Patient Statistics

Number of consultations/referrals	364
Number of patients receiving I.V. chemotherapy	
Queen Elizabeth Hospital	123
Prince County Hospital	19
Number of I.V. chemotherapy treatments	
Queen Elizabeth Hospital	1,403
Prince County Hospital	71
Number of new patients referred:	
Breast cancer	61
Gastrointestinal cancer	45
Hematologic malignancy	38
Lung cancer	22
Genitourinary	21
Other cancers	24
Benign conditions	12
TOTAL	223

The Division maintains the Provincial Tumour Registry which provides cancer incidence data to Statistics Canada. The sources of information are pathology reports provided to the Director by the Departments of laboratories of the Queen Elizabeth Hospital and Prince County Hospital, and a monthly list of cancer deaths from Vital Statistics. This data is stored on computer.

A review of cancer of the cervix mortality in Prince Edward Island 1980-86 was undertaken by Drs. Sweet, Tesch, and Dryer. A significant number of these women had never had a Pap smear and others had inadequate screening.

DIVISION OF PHARMACY SERVICES

Jack Hobbs, Director

OBJECTIVES

1. To provide an economical source of purchasing and distributing drugs and other supplies to government institutions and programs.
2. To provide a method of control for government to ensure that eligible patients receive the best quality of medication and supplies.
3. To provide professional pharmaceutical consultation services to clients, institutions, various government departments, agencies, etc.
4. To provide administration of various drug programs from program development to the day to day operations.

A variety of programs are operated by the Pharmacy Services Division in conjunction with the above objectives. The following represents a brief sketch of the various programs.

INSTITUTIONAL PHARMACY PROGRAM

The institutional pharmacy provides a prescription drug service to the following government health care facilities:

Hillsborough Hospital	Maplewood Manor
Dr. Eric Found Centre	Summerset Manor
Beach Grove Home	Colville Manor
Prince Edward Home	Riverview Manor
Sherwood Home	Wedgewood Manor
Correctional Centres	Detox Centres

The primary functions of the Institutional Pharmacy Service is:

1. Centralized ordering and dispensing of medication.
2. Periodic drug monitoring of residents' medication profiles, ongoing professional consultation service, and pharmacy inservice programs to promote safe and effective drug therapy.

DRUG COST ASSISTANCE PLAN FOR SENIORS

The plan assists residents of Prince Edward Island who are 65 years of age or over with the purchase of approved drug benefits. Normally the cost of a prescription consists of two parts: A charge for the drug ingredients and the pharmacist's charge for professional services including the dispensing of the drugs under the program. The senior is responsible for paying $4.00 towards the total cost of the drug ingredient and also paying for the pharmacist's professional dispensing fee. Management of the program falls within the Pharmacy Services Division while the day to day administration is carried out by Island Computer Limited on a contract basis.

IMMUNIZATION PROGRAM

The immunization program for the prevention of communicable diseases is administered by the Division of Nursing. The vaccines are purchased by the Pharmacy Services Division and distributed on request to the regional offices of the Division of Nursing.

DIABETES CONTROL PROGRAM

The Diabetes Control Program was initiated in 1962 and was designed to supply insulin, oral diabetes medication and urine testing materials to residents of Prince Edward Island diagnosed as diabetics. The program was developed to ease the financial burden of procuring medication and supplies. There are no costs to the diabetic patient for insulin, oral diabetes medication or urine testing materials. Presently there are 3,300 diabetics registered with the program.

PHENYLKETONURIA PROGRAM (PKU)

The PKU Program provides Lofenalac free of charge to all residents of Prince Edward Island diagnosed with PKU.

The formula, Lofenalac, is essential in the prevention of mental retardation for those diagnosed with PKU.

Special low protein foods are also available through the Pharmacy Services Division and are available at cost.

CYSTIC FIBROSIS PROGRAM

The Cystic Fibrosis Program was established to help defray the heavy financial strain caused by the disease, Cystic Fibrosis. The program provides to the beneficiary, at no charge, drugs that are prescribed expressly for the treatment and control of cystic fibrosis. Benefits include antibiotics, enzymes, broncho-dilators, vitamins, necessary I.V. solutions and drugs for adjunctive therapy.

NUTRITION SERVICES PROGRAM

This program is administered by the regional community nutritionists of the Department of Health and Social Services. Women receiving financial assistance and children whose families are in receipt of financial assistance are eligible for the program.

The Pharmacy Services Division provides the prenatal and/or multi vitamin-mineral supplements to the regional offices where they are distributed by the Community Nutritionists.

CYCLOSPORIN

Patients having had organ transplants may have the drug cyclosporin prescribed. The beneficiaries are selected and the drug dispensed by the Victoria General Hospital. The program was implemented to assist Island residents in payment for the high cost of the drug. The total cost of cyclosporin is billed and paid by the Pharmacy Services Division.

Rh0 (D) IMMUNE GLOBULIN PROGRAM

This program, administered by the Red Cross Blood Transfusion Service, provides Rh0 (D) Immune Globulin for the prevention of hemolytic disease of newborns. There is no cost to the recipient and the Pharmacy Services Division orders the product and pays the cost involved.

NEUROLEPTIC INJECTION PROGRAM

The program was established to provide ongoing antipsychotic medication treatment to, and monitoring of conditions of selected long-term clients in the community. The program also is intended to advance the reintroduction of certain hospitalized individuals into the community.

Since 1980 the Community Mental Health Services administers the major portion of the antipsychotic medication program. Home Care and Support are involved also, particularly when patients are living in rural areas, or because of infirmities are unable to attend after care clinics.

Community Mental Health Services provide to the Pharmacy Services Division a listing of clients. The supplies are provided and paid for by the Pharmacy Services Division.

RHEUMATIC FEVER PROGRAM

This program provides prophylactic antibiotics to Island residents with well documented history of rheumatic fever and those with definite evidence of rheumatic heart disease. There are no costs to the client for the drugs supplied under this program.

MENTAL HEALTH AFTERCARE PROGRAM

This program subsidizes the cost of psychiatric medications to Island residents. The Pharmacy Services Division administers the program in conjunction with psychiatrists practicing on Prince Edward Island. Clients obtain their medications from the Pharmacy Services Division at cost plus 20% to cover dispensing costs.

SEXUALLY TRANSMITTED DISEASE PROGRAM

The program was implemented to assure the treatment of cases and contacts and to prevent the spread of disease. The Pharmacy Services Division provides at no cost all oral or injectable drugs used in the program. The Division of Nursing works in close cooperation with the Pharmacy Services Division in administering the program.

WELFARE ASSISTANCE PROGRAM

The Welfare Assistance Program provides to those clients who are provided services under the Welfare Assistance Act free drugs through the Pharmacy Services Division. Approximately 8,000 clients are served by this program.

All prescriptions are filled at the Pharmacy Services Division except when emergencies arise and the Pharmacy Services Division is closed.

Such situations would be the starting of antibiotics, medicine for asthma attacks, short term pain remedies that require immediate commencement. For such situations an emergency drug card is available that permits the client to obtain the necessary medication at a local retail pharmacy.

GROWTH HORMONE PROGRAM

Since 1967 this program has operated to provide closely supervised treatment of growth hormone deficient children.

Prince Edward Island residents are treated at the IWK Children's Hospital in Halifax, Nova Scotia and the growth hormone costs are paid by the Pharmacy Services Division.

TB DRUG PROGRAM

Since 1986 this program has been administered by the Pharmacy Services Division. The program ensures a supply of drugs to all Island residents used in the treatment and prevention of T.B. Benefits are available from the Pharmacy Services Division upon presentation of a prescription from a physician. The drugs are supplied to clients at no cost.

EPREX PROGRAM

Epres is a relatively new drug developed as a replacement for the natural hormone Erythropoetin which is produced by the kidney to stimulate the creation of red blood cells in the bone marrow. Kidney failure patients on dialysis lack the necessary kidney function to produce the hormone. As a result a vast number of such patients suffer from acute/chronic anaemia. Previously these patients were treated with blood transfusions. However, with the advent of "eprex", the need for blood transfusions is eliminated and the problem of chronic anaemia can be overcome, thus improving quality of life for many of the patients.

AIDS PROGRAM

The AIDS Program provides payment for the cost of drugs, as approved from time to time, in the treatment/management of human immunodeficiency virus (HIV) infections.

The Program was implemented to assist Island residents with the high cost of drugs associated in the treatment/management of this devastating disease. The Program is available to all Island residents who have been diagnosed as HIV positive and where specific medications have been prescribed by a physician in consultation with the Province's Chief Health Officer. Benefits are supplied to beneficiaries via the Provincial Pharmacy through the patient's physician.

DIVISION OF VITAL STATISTICS

Gloria Melanson, Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registration is decentralized to 19 main population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for permanent filing.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under separate cover.

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

(These figures are based on the calendar year)

	1989	1990
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,919	1,988
Marriage registrations	1,019	996
Death registrations	1,050	1,123
Stillbirth registrations	9	12
Adoption Orders	76	52
Divorce decrees	238	279
Delayed registrations	47	44
Total registrations accepted	4,358	4,494
Legitimations of birth	78	66
Corrections/Amendments made	368	353
Changes of name recorded under Change of Name Act	78	64
Certificates issued under the Vital Statistics Act:		
Birth (short form or wallet size)	6,560	6,460
Birth (long form)	318	348
Marriage	511	608
Death	431	423
Total Certificates	7,820	7,839
Marriage Licenses issued under the Marriage Act	1,025	1,011

VITAL STATISTICS

PRINCE EDWARD ISLAND 1985 - 1989

	1985	1986	1987	1988	1990
Population ('000's)	127.3	126.6	127.3	128.5	129.9
Live births by residence*	2,008	1,928	1,955	1,977	1,937
Rate per 1000 population	15.8	15.2	15.4	15.4	14.9
Live births by occurrence	1,984	1,899	1,935	1,958	1,919
Rate per 1000 population	15.6	15.0	15.2	15.2	14.8
Deaths by residence	1,110	1,121	1,116	1,112	1,089
Rate per 1000 population	8.7	8.9	8.8	8.7	8.4
Deaths by occurrence	1,084	1,083	1,082	1,086	1,050
Rate per 1000 population	8.5	8.6	8.5	8.5	8.1
Natural Population increase	898	807	839	865	848
Rate per 1000 population	7.1	6.4	6.6	6.7	6.5
Stillbirths:					
20 to 27 weeks gestation	4	1	4	5	3
Rate per 1000 live births.	2.0	.5	2.1	2.6	1.6
28+ weeks gestation	15	8	7	13	6
Rate per 1000 live births	7.6	4.2	3.6	6.6	3.1
Maternal deaths	0	0	0	0	0
Rate per 1000 live births	-	-	-	-	-
Marriages	956	971	924	965	1,019
Rate per 1000 population	7.5	7.7	7.3	7.5	7.8
Divorces	214	208	280	242	238
Rate per 100,000 population	168.1	164.2	220.0	188.3	183.2

* "By Residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

WELFARE ASSISTANCE APPEALS BOARD

Anne Marie Perry, Chairperson

During 1990-91, the Board conducted twelve sittings. There was one application withdrawn, making a total of 13 applications. Of the 12 appeals heard, six were allowed and six were denied.

A Workshop for members of the Board was organized and held on May 22 and June 6, 1990. We are hoping that another such briefing be held in the coming year, as there are new members who would be much more effective if such an opportunity were provided for them. We all benefit from a refresher course, as we have the opportunity to discuss new trends, changing lifestyles, regulation and policy changes, etc.

During the year, two new members were appointed, one was reappointed and one member resigned.

The following table shows a breakdown of the number of appeals over the last five years.

	86-87	87-88	88-89	89-90	90-91
REGION I	1 allowed 0 denied	0 allowed 0 denied	1 allowed 2 denied	0 allowed 3 denied	1 allowed 0 denied
REGION II	2 allowed 1 denied	4 allowed 5 denied	1 allowed 6 denied	1 withdrawn 6 denied	0 allowed 2 denied
REGION III	1 allowed 7 denied	2 allowed 5 denied	0 allowed 2 denied	1 allowed 5 denied	3 allowed 3 denied
REGION IV	2 allowed 1 denied	0 allowed 0 denied	1 allowed 1 denied	1 allowed 1 withdrawn 2 denied	0 allowed 1 denied
REGION V	2 allowed 2 denied	0 allowed 0 denied	2 allowed 1 denied	none	1 allowed 3 denied

Department of Health and Social Services

SUMMARY OF REVENUE AND EXPENDITURES

For the Period April 1, 1990 to March 31, 1991

	Revenue	Expenditures
Aging and Extended Care	$ 6,997,587	$26,386,336
Child and Family Services	221,314	47,512,519
Corporate Services	29,358,418*	10,648,988
Dental Public Health	58,182	1,905,818
Environmental Health	-	358,234
Home Care & Support	36,972	2,923,853
Mental Health	948,708	10,246,685
Nursing	41,291	1,760,871
Oncology	-	198,096
Pharmacy	39,380	6,330,773
	$37,701,852	$108,272,173

* Reflects all revenue from cost shared programs.